

Invisible Wounds

Perinatal Developmental Trauma and Intergenerational Healing

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Fathers may visit their family anytime between 6:00 a.m. and 10:00 p.m. Grandparents and siblings (of infant) may visit between 2:00-8:00 p.m. The baby may be in the room at this time. Fathers, grandparents and siblings having contact with infant must wash hands thoroughly. Two visitors recommended at one time per patient.

Visitors other than the above mentioned may visit from 6:30-7:30 p.m. and the baby will be taken to the nursery.

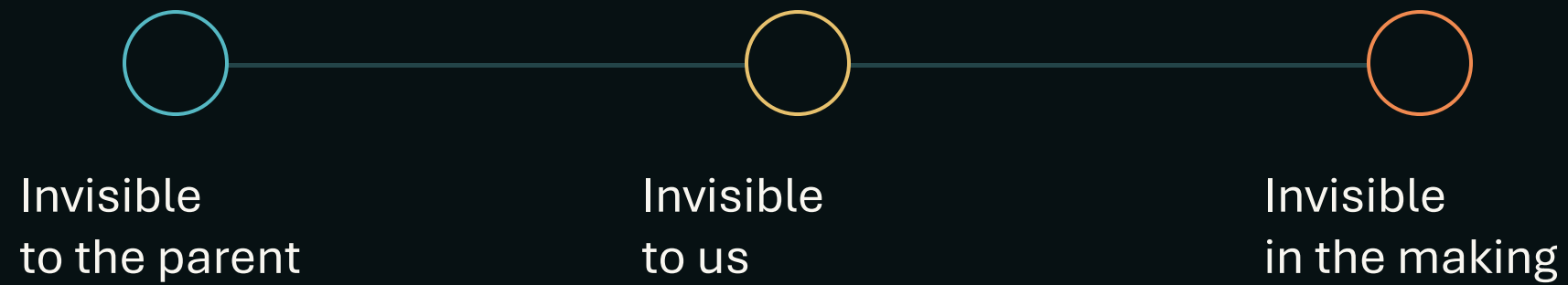
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Perinatal Developmental Trauma and Intergenerational Healing

Three things we do not see



You are already seeing these people.

You may not be seeing this.

Perinatal mental health is upstream trauma work.

EMDR tells us where to look

What memory network
is being activated now?

What is being
laid down now?

Past experience, present activation, future transmission



Invisible
to the parent



Invisible
to us



Invisible
in the making

Nobody arrives
empty-handed.

Perinatal trauma is defined by the nervous system.

Not by the chart. Not by whether it meets a threshold.

A CARE task, running on a frightened system



Panksepp's primary emotion circuits are subcortical and preverbal.

What it looks like in the room

- Freezing during feeding, holding, or caregiving
- Intense shame with no traceable cause
- Somatic complaints with no medical explanation
- “I don’t feel like myself” or “I can’t connect”
- Flat affect, shutdown, emotional absence

Preverbal templates

- “I am too much.”
- “It’s safer to disappear.”
- “No one comes.”
- “I will fail to protect.”
- “I don’t matter.”

The absence of a story is not the absence of a memory network.

The target may be implicit rather than episodic

Sensation

tightness in the chest

Affect

dread when the baby cries

Expectancy

no one comes

Relational impulse

disappear to stay safe



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Bonding and attachment

BONDING

The parent's love, care, concern, and emotional investment.

parent to child

ATTACHMENT

The child's process of building a relationship with the caregiver.

child to parent

Bonding often begins before birth.

Brownlee & Oikonen (2004)

“In pediatric oncology, no one asks whether the parents are bonded.”

“Are parents having trouble with bonding?

Or are parents afraid their baby will die?

Are strangers in charge of their baby’s care?

Are they being separated from their baby?”

Bonding ≠ Parental Identity

BONDING

the relationship
with the baby

IDENTITY

the relationship with
yourself
as this baby's parent

A parent can be fiercely bonded and completely unmoored in identity.

Three Core Tasks

PARENTAL IDENTITY

Becoming this child's parent

EMOTION REGULATION

Caring while dysregulated yourself

RELATIONSHIPS

Reorganizing around this baby or loss

A NICU can disrupt all three at once.

What tells you the parent side is intact

Attunement

Responsiveness

Sensitivity

Repair

It is never perfect. When it misses, repair is the whole thing.

Who else we don't see

- The parent whose baby is fine
- The non-gestational parent
- The parent the system never built to see, believe, include, or protect

The same failure of seeing

126 vs 64

maternal deaths per 100,000

Black women compared with white women in
Brazil

Higher in every region. Every age group. Every cause.

Violência obstétrica: around one in four Brazilian women.

Caesarean: 80–90% private, over 50% public. WHO reference $\approx$ 15%.

Whose knowledge counts? Who receives standing? Whose distress becomes pathology?

Four themes after birth trauma

- 1 *To care for me: was that too much to ask?*
- 2 *To communicate with me: why was this neglected?*
- 3 *To provide safe care: you betrayed my trust.*
- 4 *The end justifies the means: at whose expense?*



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to the parent



Invisible
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He was not a bad doctor

WHAT

Do not intervene on a baby who probably does not need it.
Do not get drawn into a distraught mother's panic.

HOW

Deliver it from the threshold. Then delegate.

WHY

Parents in crisis escalate, and engaging makes it worse.

And he never came into the room.

“I am the baby’s only voice.”

Protect and direct

WHAT Protect parents from despair.
Protect the baby from parental incompetence.

HOW Limit the time parents spend with the baby.

WHY Parents in crisis cannot make good decisions.

The wound lives in the how.

Let me describe our offices

- Changing the subject when they describe the baby's body
- Reaching for meaning before they have finished being wrecked
- Never asking about the birth because the baby is fine
- Treating a continuing bond as pathology
- Using pacing as permission to withhold

Change requires a paradigm shift, not a policy.

“When my baby died, my heart broke and I lost my mind, but I wasn’t an idiot.

With the right support, I could have determined what I wanted and needed.”

Accept, attune, connect

Protect parents from pain



Support parents who are already in pain

Parents should not see the deterioration



Parents look through eyes of love

Parents are sad when they are with the baby



Parents are sadder when the baby is taken away

Parents will not know when to let go



Parents will know when they are ready

Precious little should come between parents and their babies.



One wound. Three points in time.

How the wound moves

OLD NETWORKS

PERINATAL CRISIS

PRESENT RELATIONSHIP

INFANT ENVIRONMENT

activated



intensifies



organizes



receives

Transmission is possible, not inevitable.

“The moment of greatest danger is also the moment of greatest access.”

THE MATERIAL IS LIVE.

Not merely recalled.

Running.

What actually interrupts it

Connection

Inclusion

Recognition

Identity

as parent to this child

These are relational conditions, not a protocol.

AIP case conceptualization

PAST

Earlier network

PRESENT

Perinatal event or current trigger

FUTURE

Feared outcome

RELATIONSHIP

What is happening in the room

The task is to understand how they link.

What follows from it

TERTIARY

Limit the damage of an established wound

SECONDARY

Screen, detect, catch it sooner

PRIMARY

The wound does not form

Perinatal mental health is not a niche.
It is an upstream developmental period.

The repair was free.

“What did you know
that nobody asked you about?”

Go into the room anyway.